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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0717-0547PUS1 |
| Application No. 10/563,325-Conf. #6939 | Filing Date July 6, 2006 | Examiner D. H. Chu | Art Unit 2628 | |
| Applicant(s): Makoto SAKUTA et al. | | | | |
| Invention: CHARACTER DISPLAY APPARATUS, CHARACTER DISPLAY METHOD, CHARACTER DISPLAY PROGRAM AND READABLE RECORDING MEDIUM | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 23 | - 27 = | 0 | x 52.00 0.00 |
| Independent Claims | 6 | - 6 = | 0 | x 220.00 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | |
| <input checked="" type="checkbox"/> Large Entity | | <input type="checkbox"/> Small Entity | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> Credit any overpayment. | | | | |
| <input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Dated: May 26, 2009 | | | | |
| Michael R. Cammarata Attorney Reg. No.: 39,491 | | | | |
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